

# Transplant Patient Survey



We would like to know your beliefs, concerns, thoughts and understanding about kidney transplantation. Please answer every question as it applies to you best.

Name \_\_\_\_\_

1. Write three words that first come to your mind when you think of getting a kidney transplant.  
\_\_\_\_\_
2. Has your kidney doctor talked to you about kidney transplant?  
 Yes                       No
3. Do you believe that kidney transplant is safe?  
 Yes                       No, why? \_\_\_\_\_
4. What do you believe is the age limit to be considered as a kidney transplant candidate? \_\_\_\_\_
5. Do you believe that you are not a candidate for transplant due to an illness?  
 Yes, what is that condition or illness? \_\_\_\_\_  
 No
6. Do you believe that life is more complicated after kidney transplant than life on dialysis?  
 Yes, why? \_\_\_\_\_  
 No
7. Would you be willing to ask family and/or friends to donate a kidney (a living donor) for you?  
 Yes                       No, why? Please choose from the choices below.
  - I would be too embarrassed.
  - I do not think my family or friends will donate for me.
  - I would not want to put their health at risk.
  - I probably would not be able to find a match for living donor.
  - Other \_\_\_\_\_
8. If you are interested to learn about kidney transplant, how would you like to receive information?
  - Printed materials such as brochures, handouts
  - Video or online resources
  - Individual or one on one discussion
    - With a transplanted patient
    - With a dialysis center staff
  - Group discussion (i.e. transplant center staff, peer mentors, with care partners)